

WAIVER PLAN OF CARE CHECKLIST

CLIENT NAME			
Prior to the Plan of Care:			
DATE	SER	N/A	TASK
	<input type="checkbox"/>		<input type="checkbox"/> Client representative (NSA) identified and updated in CCDB and CARE.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Signed consent obtained if necessary to request information DSHS 14-012.
	<input type="checkbox"/>		<input type="checkbox"/> Client Notification of Plan of Care, DSHS 15-291 sent. Enclose Waiver Brochure
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Notification of Plan of Care Review, DSHS 15-290 is sent to (check all that apply): <input type="checkbox"/> Guardian <input type="checkbox"/> NSA <input type="checkbox"/> Residential or In-Home Providers <input type="checkbox"/> Vocational Provider (Day Program Budget Sheet sent to the county) <input type="checkbox"/> Others:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Request for Information for the Plan of Care, DSHS 15-287 (check all that apply): <input type="checkbox"/> Professionals <input type="checkbox"/> School <input type="checkbox"/> Providers who may not attend meeting <input type="checkbox"/> Others:
	<input type="checkbox"/>		<input type="checkbox"/> Plan of Care scheduled with client.
	<input type="checkbox"/>		<input type="checkbox"/> ACES documentation in folder.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Received Day Program Budget Sheet from County representative.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Review Payment history from the last year (CHRIS and SSPS).
	<input type="checkbox"/>		<input type="checkbox"/> Review current Exceptions to Rule.
	<input type="checkbox"/>		<input type="checkbox"/> Confirm current provider(s) contract.
	<input type="checkbox"/>		<input type="checkbox"/> Other:
At the Plan of Care Meeting:			
DATE	SER	N/A	TASK
	<input type="checkbox"/>		<input type="checkbox"/> Waiver WACs offered.
	<input type="checkbox"/>		<input type="checkbox"/> Waiver Facts sheet offered.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Releases/HIPAA signed if necessary.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> County Budget Sheet reviewed with participants.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CARE assessment completed.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Respite Assessment completed.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> For VPP: Shared Parenting Plan completed.
	<input type="checkbox"/>		<input type="checkbox"/> Checkboxes initialed on page 9 of Plan of Care. DO NOT have them sign the Plan of Care at this time.
	<input type="checkbox"/>		<input type="checkbox"/> Other:
Follow-up:			
DATE	SER	N/A	TASK
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CARE assessment in Current within 30 days.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ETRs to submit? (Waiver, SL Allowance, etc.).
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Budget sheet prepared for Aggregate funds.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Communicate to the County any discrepancies or changes to the Day Program Budget Sheet.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Necessary supervisor/designee approvals obtained.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Confirm new provider contracts.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prior to sending the Plan of Care, contact client and/or NSA.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Plan of Care completed and mailed to client and their NSA with Plan of Care implementation letter, DSHS 10-309.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Send Waiver Services PAN, DSHS 14-471 for any denials, reductions, or termination of serviced (e-copies to regional designee for HQ tracking purposes).
	<input type="checkbox"/>		<input type="checkbox"/> Other: